

## Epidemiology Discussion

A number of points were raised in discussion of the papers on epidemiology relating to the problems encountered in trying to obtain accurate cancer rates for minority ethnic groups:

1. Care is needed in classifying people by ethnic group. Many UK residents are now of mixed race. People originating from the Indian sub-continent represent a range of cultures at least as diverse as those from the European continent. Similarly, there are numerous very distinct ethnic groups and cultures across Africa and in the Caribbean region. Classifying people by religious, rather than by ethnic, affiliation should be avoided. The use of names to classify individuals will yield only imprecise results. Furthermore, birthplace abroad does not necessarily mean that the person belongs to a minority ethnic group.

2. The incidence and mortality rates for several common cancers are reported to be low in ethnic groups, relative to the white UK population. It should be remembered, however, that for certain cancers, e.g. lung and breast, the UK has some of the highest recorded rates in the world and it is important to look, not just at relative rates, but also at actual numbers of cases within ethnic groups. Another factor may be a lower level of awareness of cancer, and late reporting of the disease. Also, many elderly people simply return to their country of origin to seek medical care or to die.

3. It is likely that there will be an increase in the number of cancer cases in the future reflecting changing lifestyle among second and subsequent generations as well as improved awareness, resulting from health education. It is also likely that the pattern of cancer cases will move towards that of the general population, as lifestyles change.

4. Socioeconomic factors may confound the effect of ethnic factors e.g. in Scotland the risk of lung and stomach cancer is higher in the socioeconomically deprived populations.

5. Recommendations:

i) A meeting of epidemiologists should be organised to discuss how best to improve the quality of cancer data relating to minority ethnic groups, taking into account the issues raised in this symposium.

ii) Given that cancer rates are likely to move towards those of the general population, fine tuning of the priorities set for the general population (as set out in policy documents such as *Health of the Nation* and the report *A Policy Framework for Commissioning Cancer Services*) is preferable, rather than developing a completely new cancer strategy for minority ethnic groups.